

L/2000142500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
STATE

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

YOUR Discount Services
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Culmone
Name of Person

Serenity Health & Life Insurance Inc.
Firm/Company

40 SARASOTA CENTER BLVD.
Address

SARASOTA, FL 34240
City/State and Zip Code

Jimmy Culmone@AOL.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301
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For further information concerning this matter, please call:

James Culmone at (941) 400-3822
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

My Discount Services

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 9 and assigned
Florida document number L12000142500

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

YOUR Discount Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

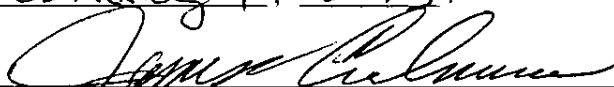
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT
STATE OF NEW YORK
COUNTY OF ALBANY

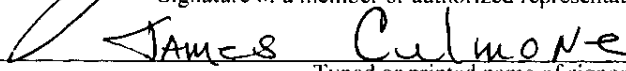
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

February 7, 2013.



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK
TALLAHASSEE, FLORIDA

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